## Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Democratic Party		Date of This Filing05/16/2019	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER	A CODE/PHONE NUMBER I.D. NUMBER (if applicable) 741666			For Official Use Only	
STREET ADDRESS		Amendment to Report No.	Page 1 of 4		
CITY Sacramento	STATE ZIP CODE CA 95811	(explain below)  No. of Pages 4			

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
03/31/2019	Jim Wood for Assembly 2020 Sacramento, CA 95815	☐ IND ■ COM □ OTH □ PTY □ SCC		\$415.85
04/25/2019	Jim Wood for Assembly 2020 Sacramento, CA 95815	□ IND ■ COM □ OTH □ PTY □ SCC		\$703.40
05/07/2019	Re-Elect Eleni Kounalakis for Lt. Governor 2022 Sacramento, CA 95814 ID# 1413981	□ IND ■ COM □ OTH □ PTY □ SCC		\$175.85

*Contributor Codes	
IND - Individual PTY - Political F	Party
COM - Recipient Committee (other than PTY or SCC) SCC - Small Co OTH - Other	ontributor Committee

Reason for Amendment:

## Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Democratic Party		Date of This Filing05/16/2019	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 741666	Report NoLCR 190516		For Official Use Only
STREET ADDRESS		Amendment to Report No.	Page 2 of 4	
CITY Sacramento	STATE ZIP CODE CA 95811	(explain below)  No. of Pages4		

#### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/15/2019	Citigroup Washington, Inc Washington, DC 20004-2524	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$21,200.00
05/15/2019	Citigroup Washington, Inc Washington, DC 20004-2524	☐ IND ☐ COM ■ OTH ☐ PTY ☐ SCC		\$38,800.00
05/15/2019	National Union of Healthcare Workers Candidate Committee Sacramento, CA 95815  ID# 1318200	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		\$1,200.00

*Contributor Codes	
IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

# Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Democratic Party		Date of This Filing05/16/2019		Date Stamp	CALIFORNIA FORM 497		
AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable) 741666  STREET ADDRESS			Report No.	LCR 190516		For Official Use Only	
		Amendment to Report No.		Page 3 of 4			
CITY Sacramento	CA 05011		(explain below)  No. of Pages	4			
Late Contribu	tion(s) Received						
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)			CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND E (IF SELF-EMPLOYED, ENTER NAME OF E		AMOUNT RECEIVED
05/15/2019	Re-Elect Eleni Kounalakis s Sacramento, CA 95814 ID# 1413981	for Lt. Governor 2022		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC ☐ IND ☐ COM			\$600.00
				☐ OTH ☐ PTY ☐ SCC			
				☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC			

*Contributor Codes	
IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other	PTY - Political Party SCC - Small Contributor Committee

Reason for Amendment:

# Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER California Democratic Party		Date of This Filing05/16/2019	Date Stamp	CALIFORNIA FORM 497		
AREA CODE/PHONE NUMBER  I.D. NUMBER (if applicable) 741666  STREET ADDRESS			Report NoLCR 190516		For Official Use Only	
		Amendment to Report No.  (explain below)	Page 4 of 4			
CITY Sacramento		STATE ZIP CODE CA 95811	No. of Pages4			
Late Contr	ibution(s) Made					
DATE MADE		ING ADDRESS AND ZIP CODE OF RECIPIENT COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)	

Reason for Amendment: